

CLAIMS ONLY

Application Number

" Filling Date

09/756,232

Applicān(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED 4/120/9 | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|---------------|---------------------|---------|-----------------------|---------|------------------------|---------|
| | Indep. | Depend. | Indep. | Depend. | Indep. | Depend. |
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| Total Indep. | | | | | | |
| Total Depend. | | | | | | |
| Total Claims | | | | | | |

May be used for additional claims or amendments

| | Indep. | Depend. | Indep. | Depend. | Indep. | Depend. |
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| Total Indep. | 6 | | | | | |
| Total Depend. | 44 | | | | | |
| Total Claims | 50 | | | | | |